

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

FILED

PLAINTIFF Naya L Abbey, individually and on behalf of David I Hernandez		COURT CASE NUMBER 3:23-cv-00300	
DEFENDANT Terrance D. Stuckey		TYPE OF PROCESS Summons / Complaint	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Terrance D Stuckey			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 4235 Aragon Way Murfreesboro, TN 37128			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Naya L Abbey, individually and on behalf of David I Hernandez 16466 Tacoma Detroit, MI 48205		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
Signature of Attorney other Originator requesting service on behalf of: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		TELEPHONE NUMBER	DATE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 2-2	District of Origin No. 75	District to Serve No. 75
Signature of Authorized USMS Deputy or Clerk Kevin A. Manley		Date 05/12/23	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 5/19/23	Time 3:25 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy Kevin A. Manley	
Service Fee 8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8.00
Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 8.00		

REMARKS

05/12/23: SENT VIA CERTIFIED MAIL, RESTRICTED DELIVERY
05/17/23: ACCEPTED SERVICE

UNITED STATES DISTRICT COURT

for the

Middle District of Tennessee

Naya L Abbey, individually and
on behalf of David I Hernandez

Plaintiff

v.

Terrance D Stuckey

Defendant

Civil Action No: 3:23-cv-00300

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Terrance D. Stuckey
4235 Aragorn Way
Murfreesboro, TN 37218

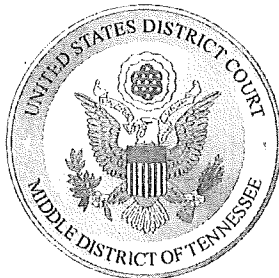
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Naya Abbey, Individually and on behalf
of David I Hernandez
16466 Tacoma
Detroit, MI 48205

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 5/11/2023



CLERK OF COURT

Kim Charles

Signature of Clerk or Deputy Clerk

RETURN COPY

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service
Certified Mail Receipt

OUTBOUND TRACKING NUMBER
9415 4169 0224 6689 9049 42

RETURN RECEIPT TRACKING NUMBER
9490 9169 0224 6689 9049 79

FEES

Postage per piece	\$1.500
Certified Fee	\$4.150
Return Receipt Fee	\$3.350
Restricted Delivery Fee	\$6.650
Total Postage & Fees:	\$15.650

ARTICLE ADDRESS TO:

Terrance D. Stuckey
4235 Aragorn Way
Murfreesboro TN 37128-0667

Postmark
Here

SENDER: COMPLETE THIS SECTION

- Ensure items 1, 2, and 3 are completed.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Terrance D. Stuckey
4235 Aragorn Way
Murfreesboro TN 37128-0667

3:23-CV-00300



9490 9169 0224 6689 9049 79

2. Article Number (Transfer from service label)
9415 4169 0224 6689 9049 42

COMPLETE THIS SECTION ON DELIVERY

A. Signature: (☐ Addressee or ☐ Agent)

X *U. M. on a Stuckey*

B. Received By: (Printed Name)

Monae Stuckey

C. Date of Delivery

3/17/23

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

~~*4235 Aragorn Way*~~

3. Service Type

☒ Certified Mail® Restricted Delivery